

# Single Point of Entry for ADAP and Medicaid

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# Programs Available Through the Single Point of Entry Application/Process

- Ticket to Work D.C. Demonstration
- D.C. HIV 1115 Waiver
- D.C. ADAP
- COBRA program
- Referrals to Medicaid and Alliance



# Ticket to Work Demonstration

Available to District residents living with HIV

For people who are working full-time, part-time, or are self employed and do not have job-related health insurance

Must be working at least 40 hours per month (or 120 hours over three months)

Under 300% FPL:

- \$27,930 for a single adult
- \$47,010 for a family of three

Limited program enrolling up to 420 people; the program is full and HAA is currently maintaining a waiting list



# HIV 1115 Waiver

Available to District residents under 100% FPL living with HIV:

- \$9,310 for a single adult
- \$15,670 for a family of three

Limited program enrolling approximately 250 people;  
HAA will maintain a waiting list

Program is not yet implemented



## DC ADAP and COBRA

- D.C. ADAP serves people with income under 400% FPL who do not have private health insurance (unless they have met their prescription drug cap)
- COBRA serves people with income under 500% FPL who have lost their jobs and have access to COBRA continuation of health insurance



# Referrals

- Medicaid: Clients who appear eligible for Medicaid are enrolled in ADAP for 90 days and referred directly to the Medicaid branch chief at the Income Maintenance Administration to complete a Medicaid application
- Alliance: Clients who appear eligible for the District's locally funded health program are given the phone number for the enrollment broker.



# Traditional Medicaid Does Not Meet the Needs of this Population

Both waivers (Ticket and 1115) were sought to meet the needs of the HIV population in the District:

- Medicaid does not cover many single adults, particularly men
- Catch-22: Medicaid only covers people who are sick enough to qualify. Yet a person with HIV can only stay healthy if they have access to antiretrovirals.
- There are few incentives for working while living with a disability. Obtaining access to health insurance allows people to go back to work or continue working *and* maintain their health.



# WHO WERE THE PLAYERS IN OBTAINING WAIVERS?

- Center for Medicaid and Medicare Services (CMS)
- Health Resources and Services Administration (HRSA)
- District of Columbia Department of Health
  - **Medical Assistance Administration (MAA)**
  - **HIV/AIDS Administration**
    - **ADAP**
- D.C. Income Maintenance Administration
- Ryan White Case Managers





# PROCESS, PROCESS, PROCESS of IMPLEMENTATION

- Educating and changing attitudes about Medicaid within HIV/AIDS Administration
- Getting folks onboard throughout District government and keeping them there
- Identifying allies – surprises, disappointments, and agendas
- Finding the messengers
  - Case managers- at the hub of access
- Being open to opportunities
  - Single Point of Entry



Single Point of Entry:  
*TAKING A RISK OR  
PLAYING OUR ACE IN THE HOLE*

- ADAP is the one program that was universal to HIV/AIDS community
- Were we jeopardizing a successful program by asking too much?
- Could we turn ADAP staff into Medicaid eligibility workers (and did we want to)?



# OPEN TO OPPORTUNITIES

- Technology does the screening and is designed to identify the most comprehensive health insurance program available to the individual
- By developing the technology in collaboration with the D.C. eligibility agency (IMA), they were willing to relinquish control over the intake and eligibility process
- Clients and case managers don't have to apply for a specific program since the Single Point of Entry system reviews the application for all of them
- Outreach and educational efforts for waiver programs do not have to be substantial since everyone comes through ADAP



# Internal Dynamics

- Back to process: designing an application that satisfies everyone
  - Not too long (4 pages)
  - Merging the documentation needs of ADAP and Medicaid
  - Compromises in both programs
- Validity of screening process wins another ally – knowledgeable Medicaid eligibility staff who are willing to put themselves out there in trainings, on educational materials, and in client letters
- ADAP staff are not Medicaid workers



# HIV Medicaid Program Enrollment

- Case manager faxes completed application and copies of documentation to HAA
- Clients enrolled in the Ticket to Work or HIV 1115 Waiver program are certified eligible by HAA
- Summary information is hand delivered to IMA and client is enrolled in Medicaid
- Medicaid card is sent to the client
- Clients do not have to go to a Medicaid office to apply, enroll, or recertify in the HIV 1115 Waiver and Ticket to Work programs



# FINDING THE MESSENGER: *ODE TO CASE MANAGERS*

- Case manager training was essential; we did numerous mandatory group sessions, on-site agency sessions, and on-going one-on-one technical assistance
- Case managers identified allies at Income Maintenance Administration
- Case managers provide input for refinement of application and process



## Ticket to Work Enrollees' Work Status

- Most enrollees are working full-time jobs (35 hours a week or more) without health insurance
- Types of employment range from construction to hospitality industry (waiters, bartenders, employed at local clubs) to interior decorators, lawyers, hospital workers and government employees



# Program Successes

- 74% of Ticket enrollees have moved off ADAP, maintaining the stability of the D.C. ADAP program
- The Single Point of Entry concept is being adapted to serve other health care benefit programs within the Department of Health

